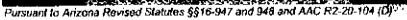
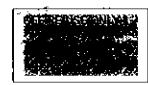


APPLICATION FOR CERTIFICATION

ASSALATION SAME IS MIDITARES





☐ Initial Application ☐ Amended Application			FILERID 2004-9307/	
L COMME DE CANDIDATE		OFFICE SOUGHT (include Legislative District, if + #/)		
ADDRESS (NUMBER & STREET) GJ30 W. ECKO Lake		City Cleridate	STATE AZ	ZIP 853Q)
MAILING ADDRESS (if different from above)		CITY	STATE	ZIP
candidate's telephone *	CANDIDATE'S FAX #	CANDIDATE'S E-MAIL ADI	DRESS	· · · · · · · · · · · · · · · · · · ·
CANDIDATE'S PARTY AFFILIATION (if any) Device Fig. +				
NAME OF CANDIDATE'S COMMITTEE COMMITTEE'S ADDRESS COMMITTEE COMMITTEE'S COMMITTEE COMMITTEE				
COMMITTEE'S ADDRESS LATE CI	rendale, AZ. 8530)-	CITY	STATE	ZIP
623-570-/388	COMMITTEE'S FAX #	COMMITTEE'S E-MAIL AODRESS		
NAME OF DESIGNATED INDIVIDUAL WITH AUTHORITY TO WITHDRAW FUNDS (IF APPLICABLE) (A.R.S. §16-948) LEGRAPO O. CLONT				
6230 W. ECVO Lake		CLENTALE	STATE AZ.	ZIP YS3nJ
DESIGNATED INDIVIDUAL'S TELEPHONE # C よる = 570-13 まぐ	DESIGNATED INDIVIDUAL'S FAX #	DESIGNATED INDIVIDUAL'S E-MAIL ADDRESS		
LIST THE NAME OF THE FINANCIAL INSTITUTION FROM WHICH THE CANDIDATE AND THE DESIGNATED INDIVIDUAL WILL CONDUCT ALL FINANCIAL ACTIVITY FOR THE CANDIDATE'S CAMPAIGN COMMITTEE (do not list account number). (A.R.S. §16-948(A)). BANKERS AND COMMITTEE (do not list account number).				

DESIGNATED CANDIDATE'S STATEMENT (if applicable) (A.R.S. §16-948(B)): I hereby designate $\angle e \circ \wedge e \circ$

Date: 4-7-2004

Candidate's signature: 4-7-2004

CCEC-003-APP/CERT-08/28/01

W.